Application or Docket Number

10705739

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS 28				,				RATE	FEE		RATE	FEE
FOR-			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		• 8			X\$ 9=	72	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		* 2			X43=	86	OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL	543	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
(Column 1)				(Colui		(Column 3)	<b>5</b> 1		4001	1 1		ADDI-
AMENDMENT A	10/4/04	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA		ŔATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	- 28	Minus	<i>** 2</i>	8	= /		X\$ 9=	1	OR	X\$18=	A
ME	Independent	. 5	Minus	*** 6	5 .	=/		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	ENDEN	CLAIM	<u></u>		+145=		OR	+290=	
								/TOTAL ADDIT, FEE		OR'	ADDIT. FEE	
ADDITION (0.1 mm (1)												
_		(Column 1) CLAIMS	1	(Colu	(EST	(Column 3	ኅ 1		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Out was 0) (Column 2)												
<u></u>	14.	(Column 1) CLAIMS REMAINING	· ·	HIGH	HEST MBER	PRESENT	וֹ וֹי		ADDI-	l		ADDI-
Ž		AFTER AMENDMENT		PREVI	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***	T C1 411	-	-	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, while 0 in Column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u> </u>
"	"If the "Highest Nu The "Highest Nun	imber Previously Pa nber Previously Pa	raid For" (Total o	or Independ	is ies the ieni) is the	e highest num	per to					
FORM PTO-675 (Rev. 1000) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE												F COMMERCE